

S. No. 2  
M-5-42  
5-17-39  
P1 X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED DEC 18 1942

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41380

Registration District No. 218

Primary Registration District No. 5788

Registrar's No. 68

1. PLACE OF DEATH: *Mississippi*  
(a) County *Mississippi*  
(b) City or town *Rural*  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: *Residence*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_  
(Specify whether years, months or days) *56 yrs 9 mo 3 days*

3. (a) PRINT FULL NAME *OLIVER WILLIAMS*  
3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. *1*

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *Married*  
6. (b) Name of husband or wife *Leona Williams* 6. (c) Age of husband or wife if alive *65* years  
7. Birth date of deceased *Feb 26*  
(Month) (Day) (Year)

8. AGE: Years *56* Months *9* Days *3* If less than one day hr. min.

9. Birthplace *Mississippi* (City, town, or county) (State or foreign country) *MO. S.*

10. Usual occupation *Farmer*

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name *Unknown* *M. K.*  
13. Birthplace *Unknown* *M. K.*  
(City, town, or county) (State or foreign country)  
14. Maiden name *Unknown*  
15. Birthplace *Unknown* *M. K.*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Leona Williams*  
(b) Address *Wyatt, Mo.*

17. (a) *Burial* (b) Date thereof *Nov. 31-42*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *E. O. F.*

18. (a) Signature of funeral director *Leona Williams*  
(b) Address *East Prairie, Mo.*

19. (a) *12-8-42* (b) *Fannie E. Bugman*  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State *Mo.* (b) County *Mississippi*  
(c) City or town *Rural*  
(If outside city or town limits, write "RURAL")  
(d) Street No. *3 miles south west of Wyatt*  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov.* day *28*  
year *1942* hour *8* minute *P.* M.

21. I hereby certify that I attended the deceased from *No medical attendance*  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death *Acute Myocarditis*  
Due to *exhaustion, or over exerting self*  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) *9/2/42*

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury *Coroner*  
23. Signature *David Shelby* (M. D. or other)  
Address *East Prairie, Mo.* Date signed *11/29/42*

RECEIVED

District Health Office No. 2,

District File Number 12-16-42

Date Filed 12-16-42

FEB 4 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James E. Scott....., Registered Apprentice No. 316  
working under my personal supervision.

Signed Frank Shelby.....

Licensed Embalmer No. 2726

P. O. Address East Prairie

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**